

18-10107

CERTIFICATION OF BUSINESS DEBTOR

Office of Chapter 13 Standing Trustee

I, JOSE B. PEREZ, being of full age and duly sworn upon my oath, depose and say:

1. I have 0 employees and have filed quarterly tax returns through the quarter ending _____.
2. I have 0 independent contractors that have performed services and have filed 1099's through the year of 20__.
3. I have filed the necessary 940 (FUTA) tax returns through the year 20__.
4. My principal business activity is cleaning service.
5. My business is (sole proprietorship) partnership / corporation / limited liability company
(Circle One)

(If your business is other than a sole proprietorship, please provide copies of your partnership agreement, corporate charter, or limited liability charter)

6. The gross income from my business for the previous year was \$ 12,574, and the net income after expenses was \$ 11,634. [Note – this form assumes a calendar year financial basis. If you are on a fiscal year, please so indicate.]
7. I have filed tax returns (business and personal) through the year ended December 31, 2017 with the Internal Revenue Service.
8. I have filed state tax returns (business and personal) through the year ended December 31, 2017 with the Commonwealth of Pennsylvania.
9. I began my current business on 1995.
10. My business is located at 6013 Wenden St, Phc 19139.

11. I have have not (circle one) pledged any business receivables, rents, profits, or other cash as collateral for any loans.

12. I have have not (circle one) incurred "trade credit" in producing self-employment income.

[Trade credit has been described as credit that firms extend to other firms in the ordinary course of business through the creation of receivables or payables. Trade credit involves the exchange of goods and services for other goods and services without the payment of money. This includes the extension of credit by debtor to clients or the extension of creditors' supplies to debtor.]

13. Licenses: Provide copies of the following, if applicable:

- * Business License (If a business license is not required for your business/self-employment please explain)

C.Y.

- * Seller's permit
- * Contractor's license
- * License to rent real property
- * Other license currently used _____

I have reviewed and completed the attached forms regarding insurance coverage

(Exhibit A), business assets (Exhibit B), and bank accounts (Exhibit C).

I have attached copies of the insurance policies as proof of coverage, licenses if

applicable, bank statements, and the previous two years tax returns (business and personal).

I declare under penalty of perjury that the foregoing information is true and correct.

Julie Perry (Debtor)

INSURANCE COVERAGE

Please check if you carry any of the following types of insurance for your business.
(You must attach a copy of the most recent declaration page for each insurance which you carry for your business.)

	Date Effective To	Coverage Amount
General Liability		
Workers Compensation		
Property		
Fire/Extended Coverage		
Theft		
Auto (for business vehicles)		
Other (state nature of coverage below)		
(Rowland Stewart Company Co.)		

EXHIBIT A

BANK ACCOUNTS
Office of Chapter 13 Standing Trustee

a) Provide COPIES, not originals, of bank statements for all accounts for the 3 months prior to your Chapter 13 Petition. (Note: Trustee may request copies of canceled checks for this time period to clarify data contained in the bank statements.)

b) Are you the only authorized signatory(ies) on the account(s)? YES NO NO BUSINESS A LEADERS
If NO, specify who else is an authorized signer _____

BANK NAME	ACCOUNT NUMBER	ACCOUNT TYPE	PURPOSE OF ACCOUNT

EXHIBIT B

BUSINESS ASSETS

Office of Chapter 13 Standing Trustee

PLEASE LIST EVERY BUSINESS ASSET USED IN THE OPERATION OF ' REGARDSLESS OF WHETHER IT IS LEASED OR ENCUMBERED

ASSET	ORIGINAL COST	AGE OF ASSET	ESTIMATED CURRENT MARKET VALUE
Cleaning Supplies	\$500	6-7 yrs	\$300
Refrigerator			

EXHIBIT C